FISEVIER

Contents lists available at SciVerse ScienceDirect

Journal of Forensic and Legal Medicine

journal homepage: www.elsevier.com/locate/jflm



Original communication

Court room exposure to medical students: A practical approach to legal procedures in Indian Scenario



Sanjay Gupta, MD, DNB FAIMER Fellow, Associate Professor ^{a,*}, Ajay Phatak, M.Sc. MPH, DCA Manager, Member Secretary, Human Research Ethics Committee ^{b,c}, Dhara Panchal, MSW Qualitative Research Executive ^{b,d}

^a Forensic Medicine and Toxicology, Pramukh Swami Medical College, B2/10, Staff Quarters, Shree Krishna Hospital, Gokal Nagar, Karamsad 388325, India

ARTICLE INFO

Article history: Received 28 January 2013 Received in revised form 9 May 2013 Accepted 31 May 2013 Available online 17 June 2013

Keywords: Legal procedures Medical education Intervention Practical approach

ABSTRACT

Background: Education of law and bioethics has been recognized as an integral part of medical education. Medical professionals are required to contribute to the jurisprudence in various roles including the role of an 'Expert Medical Witness'. Practical knowledge of legal procedures enables the medical professional to facilitate the judiciary in delivering justice in its right spirit. Unfortunately medical students lack this practical empowerment and thus may not be able to contribute to the justice system to the fullest potential during their professional life. We offered exposure to real life courtroom procedures to medical students to enhance their knowledge and confidence.

Materials and methods: Ninety seven medical students were exposed to real courtroom visits in batches of 20. They attended the legal proceeding of a medical witness examination in real case scenario and also interacted with the judge, public prosecutor and defense lawyer. All the relevant issues were discussed thoroughly before and after the court visits. A consensually validated questionnaire was used to determine the enhancement in their knowledge whereas their experience was assessed through a semi structured questionnaire.

Results: The average knowledge level improved significantly from 34.4 (SD = 5.59) to 40.74 (SD = 5.35) [p < 0.001, 95% CI of the difference: (-7.455, -5.225)]. Only 7 students reported that they require more such visits to attain desired confidence level. The average rating for the whole process was 8.08(SD = 1.35) out of 10, with only 5 students rating the process below 5 points.

Conclusion: The process served as an ice breaker for the doubts and fear about the court and legal procedures. This module may be refined and replicated to develop a medical professional who is confident and empowered about the legal system which will benefit the judiciary and in turn the common man of the society.

© 2013 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.

1. Introduction

Education of law and bioethics is an integral part of modern medical education. After initial hesitance, it has been agreed upon that core concepts in jurisprudence-law and the legal system constitutes vital part of medical profession. Understanding of the subject will improve practice of medicine in its essence, reduce

* Corresponding author. Tel.: +91 9427149010.

c Tel.: +91 9712926443.

liability and facilitate inter disciplinary integration. Although education of law in medical schools typically focuses on rules and systems, there is persistent urge to include legal reasoning and law making in the curricula.³

Unfortunately, the legal topics are often taught theoretically through didactic lectures in India. Some western medical schools incorporated small group discussions and mock trials while few tried inter disciplinary model.³ As skill development and attitudinal change are crucial to attain the goal of such education, merely dissemination of information is not sufficient and new innovative models are required to fulfill the task.²

With advent of computers, simulation can be considered as the basis for such innovative models as the efficiency of simulator is well established in other areas of medical education for skill

^b Central Research Services, Charutar Arogya Mandal, Karamsad 388325, Anand, Gujarat, India

E-mail addresses: sanjaykg@charutarhealth.org, drsanjaymdfm@gmail.com (S. Gupta), ajaygp@charutarhealth.org (A. Phatak), dharaa@charutarhealth.org (D. Panchal).

^d Tel.: +91 9712958895.

development.^{4–6} But simulation is a technique — not a technology. Simulation cannot replace the 'real life experience' in all aspects of life. Further 'real life experience' is far more feasible than simulator in developmental stages of a new education model.

In India, a medical practitioner plays an important role as an expert witness in the court of law to facilitate the justice system to decide the innocence or guilt of an accused or to authenticate or disprove a criminal charge of assault, rape or murder brought against an individual. A medical practitioner must remember that his responsibility as an expert witness is very crucial as many a times he is the only factually reliable evidence on which the liberty or life of an individual depends. A poorly skilled and less confident medical practitioner who feels nervous, anxious and embarrassed by attending the court may not be able to contribute to the justice system to the fullest potential.

Through an innovative educational module, medical students were exposed to court room visits. It will enable them in effective dealing of medico-legal situations during their professional life, help to improve confidence level and minimize fear of attending the court. This will help judiciary to get best possible opinion from them to bring justice.

The study was approved by Human Research Ethics Committee of the institution.

2. Objectives

- To assess the efficacy of the model in improving knowledge base regarding legal procedures.
- 2. To assess whether court visits help medical student in building confidence as medical expert witness.

3. Materials and methods

A batch consisting 97 medical students was exposed to the real courtroom visits in groups of 20 each. Students were explained about the process in advance and implied consent was obtained from them. A structured questionnaire consisting 50 questions pertaining to legal procedures followed in India was developed and consensually validated by two forensic medicine experts, one legal expert and two medical officers. The questionnaire was administered before and after the educational intervention to assess the improvement in the knowledge base of the students. Although it is required to identify students for such comparisons, the identifications of participants were masked during assessment. Further both the evaluations (pre and post) were done after the intervention and the assessor was blinded to the status (pre/post) of the case report forms. A semi-structured proforma was developed to assess the skill development and confidence generated after the intervention.

In the court premises, students were empowered about infrastructure and functions of different types of courts. With prior permission from the honorable court, the students were allowed to attend and observe legal proceeding of a medical witness examination in real case scenario. Some of them also got opportunity to interact with the judge, public prosecutor and defense lawyers. It was followed by thorough discussion about the topic and other relevant aspects applicable to them in day to day practice. Post test was conducted on impromptu basis. The feedback was obtained in a semi-structured proforma.

3.1. Statistical analysis

Paired *t* test was applied to determine the change in knowledge level during the process. Descriptive statistics (mean[SD] and Frequency [Proportion]) were used as appropriate to depict the

findings. Qualitative analysis was done to identify common perceptions of the participants. The analysis was carried out using SPSS (14).

4. Results

The study participants comprised of 50(51.5%) males and 47(48.5%) females. The mean (SD) post test score [40.74(5.35)] was significantly higher as compared to pre-test [34.40(5.59)] score [p < 0.001, 95% CI of the difference: (-7.455, -5.225)] [Fig. 1]. The average improvement was slightly better in males (6.48) as compared to females (6.19).

At the end of the study, only 7 students reported that they do not feel comfortable to tender evidence in the court of law.

All the students were quite satisfied with the organizational aspects and expectations out of the court visits. Not a single student reported past experience of court visit in any form. Most of the students (95 out of 97) felt that the process was helpful in reducing their fear about attending the court. Ninety one (93.8%) students admitted that they learnt extra and useful concepts which were not possible through didactic theory lectures. Ninety students (92.8%) expressed that the visits helped them in building confidence as expert witness whereas 7 students felt that they need few more visits to attain satisfactory confidence level. The average rating offered to the whole process was 8.08(SD=1.35) out of 10, with only 5 students rating the process below 5 points.

Four common threads emerged out of the open ended question.

1. Overall experience and skill development:

Eighty two participants perceived that their experience was the most memorable of their life. This experience helped them understand the intricacy of legal procedures and its importance in medical field. The students got practical knowledge which can be useful for future reference. The discussion of the case in the court gave them opportunity to learn the technical aspects of the case.

2. Fundamental conceptual understanding:

Forty four students mentioned that the module is a very effective learning method which provided opportunity to understand finer nuances of the technicalities. Students could observe the stark difference between what is depicted in the media and reality.

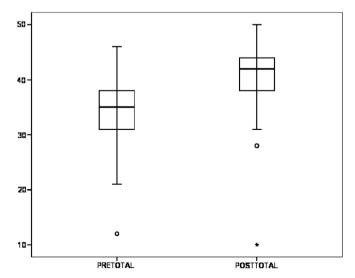


Fig. 1. Box plot showing comparison between pre and post test scores.

Students also felt that this method is superior to other methods like mock sessions in core conceptual understanding.

3. Reduced fear and improved confidence:

Twenty two students confessed that their fear of facing the court remarkably reduced with the visit. The visit has proved to be ice breaker for the group.

4. Miscellaneous:

The remaining students gave variety of responses about the visit. They commented about the court, the judge and his judgment, the tedious documentation process, routine administrative activity, huge infrastructure, role of medical officer etc. Six students provided general comments about the ambiance and environment inside the court room.

Twenty four students were hesitant to express their experience through open ended question.

5. Discussion

First of all it was gratifying to witness the enriching educational experience of the students as reflected by their enthusiasm and behavior during the process. The knowledge base of the students improved to attain a satisfactory level. The superiority of the module over other methods cannot be established due to design limitations. It was not possible to conduct a Randomized Control Trial because of feasibility issue coupled with fact that contamination is almost unavoidable in such design. Moreover the key issue was whether the module improves knowledge and confidence to face the court as an expert medical witness in their professional life and this module achieved everything expected out of its genesis. Unfortunately the post-test response was unsatisfactory (more than 20% students answered incorrectly) for 19 out of 50 questions. The authors had a group discussion but could not find any justifiable reason for this lacuna.

The authors have not come across literature reporting education of law where students were exposed to court room to provide practical training of legal procedures. It is thus very difficult to compare the efficacy of such module. It is the need of hour that such

module should be incorporated in the undergraduate curriculum to generate interest among students regarding relevance of the legal procedures and also help them in building confidence as expert witness which in turn will help the judiciary and society. We feel that the module is replicable with some rectifications in former British colonies who adopted legal and education system developed and implemented by British Government. To the best of our knowledge, this module can be replicated in South East Asia region and parts of Africa (like Kenya). The authors urge the medical fraternity to refine the existing module or develop a more efficacious module to benefit the judiciary and in turn the common man in the society.

Ethical approval

None.

Funding

None.

Conflict of interest statement

We hereby declare that the study entitled "Court room exposure to medical students: a practical approach to legal procedures in Indian Scenario" was not funded by any institution. Further we solemnly confirm that none of the authors have any 'Conflict of Interest' to the best of our knowledge.

References

- Olick RS. It's ethical, but is it legal? Teaching ethics and law in the medical school curriculum. Anat Rec 2001 Feb:265(1):5-9.
- Williams PC, Winslade W. Educating medical students about law and the legal system. Acad Med 1995;70(9):777–86.
- Campbell AT. Teaching law in medical schools: first, reflect. J Law Med Ethics 2012;40(2):301–10.
- Rogers PL. Simulation in medical students' critical thinking. Crit Care Med 2004;32(2):S70-1.
- Weller JM. Simulation in undergraduate medical education: bridging the gap between theory and practice. Med Educ 2004 Jan;38(1):32–8.
- Lighthall CK, Barr J, Howard SK, Gellar E, Sowb Y, Bertacini E, et al. Use of a fully simulated intensive care unit environment for critical event management training for internal medicine residents. Crit Care Med 2003 Oct;31(10):2437–43.
- 7. Dogra TD, Rudra A. Lyon's medical jurisprudence & toxioclogy. 11th ed. Delhi: Law House; 2005. p. 7.
- 8. Reddy KSN. The essential of forensic medicine & toxicology. Hyderabad. K.Suguna Devi. 26th ed. 2007. p. 14.